

CUMBERLAND SCHOOL DISTRICT
FIELD TRIP CONSENT FORM

Name of Group or Organization Sponsoring Field Trip _____

STUDENT'S NAME _____ GRADE _____

HAS MY PERMISSION TO GO ON A FIELD TRIP TO _____

on _____ from _____ to _____

Is there a health concern we should be aware of? (i.e., allergies, medications to be taken, etc.)

List phone number(s) where parent/guardian can be reached during the field trip.

In the event of sudden illness or injury my permission is given for appropriate medical attention to my child.

Parent/Guardian Signature

Date